## Pain Outcomes Questionnaire – VA/S/INPT: Intake

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Pat	ient:		Social Security #:
1.)	Enter today's date:/	′ <i>,</i>	/ (MM/DD/YY)
2.)	What is your age?	_	
3.)	Please indicate your sex:		
	A) male B) female		
4.)	Please indicate your race:		
	<ul><li>A) African American</li><li>B) White</li><li>C) Hispanic</li></ul>	•	erican Indian
5.)	What is your current marit	tal stati	us?
	A) never married     B) married     C) living with someone but	E) wic	lowed
6.)	What is your current empl	loymen	t status?
	B) part-time employment C) unemployed, not interest	ested	
7.)	How many years of educa	tion ha	ve you completed starting with the first grade?
	Years		
8.)	Please select all of the foll pain problem:	owing	types of claims you have filed related to your
	<ul> <li>A) workers' compensation</li> <li>B) personal injury (unrelated)</li> <li>C) Social Security Disability</li> <li>D) other insurance</li> <li>E) none</li> <li>F) VA Service Connection</li> </ul>	ted to v	•

9.)	Are yo	u curre	ently	involved	in a fo	rmal le	gal sui	t rel	ated	to you	ur pai	n problem?
	A) yes		B) no	)								
10.)	Please	select	all of	the follo	owing p	oain loc	cations	that	t app	ly to y	ou:	
	A) leg B) low C) mid D) upp	l-back	:k	E) head F) neck G) shou H) butto	lder	I) fo J) ja K) cl L) al	W	n	•			Q) genitals R) other
11.)	From t		•	ain sites,	pick th	ne <b>ONI</b>	E pain l	loca	tion t	hat m	ost ir	terferes
	A) leg B) low C) mid D) upp	l-back	:k	E) head F) neck G) shou H) butto	lder	I) fo J) ja K) cl L) al	W	n	•			Q) genitals R) other
12a.)	•										_	worst possible <b>WEEK</b> ?
	0 pain t all	1	2	3	4	5	6	7	8	}	9 wo	10 rst possible pain
12b.)	On a so		0 to	10, what	was y	our <b>LO</b>	WEST	LE/	/EL (	OF PA	<b>AIN</b> d	uring the <b>LAST</b>
	0 pain t all	1	2	3	4	5	6	7	8	}	9 wo	10 rst possible pain
12c.)	On a so		0 to :	10, what	was yo	our <b>HI</b>	GHES1	ΓLE	VEL	OF P	AIN (	luring the <b>LAST</b>
	0 pain t all	1	2	3	4	5	6	7	8	}	9 wo	10 est possible pain
13.)	On a so	cale of	0 to :	10, what	AVER	AGE L	EVEL (	OF I	PAIN	l is <b>A</b> (	CCEP	<b>FABLE</b> to you:
	0 pain t all	1	2	3	4	5	6	7	8	}	9 wo	10 rst possible pain

14.)I	How Io	ng hav	e you h	nad the	pain f	or whic	ch you	are nov	w seeki	ing tr	eatment?
		_ Years	S		Mor	nths					
15.)	MON health times,	THS fo	or your orovide chirop	<b>CURR</b> r. For e	ENT Pa	AIN Ple, if yo	<b>ROBLE</b> u saw a	<b>M</b> ? Ind	clude A eon ond	<b>LL</b> vice, a p	d in the <b>LAST 3</b> sits to any <b>NON-VA</b> physical therapist 12 n, the total number of
	Numb	er of N	ION-V	<b>A</b> healt	h care	visits:		_			
16.)	MON care pand a	<b>THS</b> for	r your r. For e ractor	<b>CURR</b> example	ENT P	<b>AIN P</b> lu saw a	<b>ROBLE</b> a surge	M? Ind	clude <b>A</b> ce, a ph	<b>LL</b> vi nysica	e <b>LAST 3</b> sits to any <b>VA</b> health If therapist 12 times, otal number of visits
	Numb	er of <b>V</b>	/A heal	th care	visits:		_				
17.)			-	other <sub> </sub> at appl		al illnes	ses or (	condition	ons you	u may	have other than
	B) lun	g disea		D) he E) hig F) car	h bloo			H) liv	yroid d er dise izures		e J) other K) none
18.)	No or	ne has	pain as	s bad a	s mine						
	0 otally agree	1	2	3	4	5	6	7	8	9	10 totally agree
19.)	It see	ems lik	e every	day a	new p	art of n	ny bod	y hurts			
	0 otally sagree	1	2	3	4	5	6	7	8	9	10 totally agree
20.)	Does	your p	ain int	erfere v	with yo	ur abili	ity to w	alk?			
not	0 at all	1	2	3	4	5	6	7	8	9	10 all the time

		ain into			ur abili	ty to ca	arry/ha	ndle ev	ery	day objects such as
0 not at all	1	2	3	4	5	6	7	8	9	10 all the time
22.) Walk	ing eve	en a fev	w feet o	causes	my pai	n to be	come ı	unbear	able	<b>)</b> .
0 totally disagree	1	2	3	4	5	6	7	8	9	10 totally agree
23.) Does	your p	ain int	erfere v	with yo	ur abili	ty to cl	imb sta	airs?		
0 not at all	1	2	3	4	5	6	7	8	9	10 all the time
24.) Does	your p	ain rec	quire yo	ou to us	se a ca	ne, wal	lker, wl	heelcha	air o	r other devices?
0 not at all	1	2	3	4	5	6	7	8	9	10 all the time
25.) Wher	n I mov	e any ı	part of	my boo	ly my p	ain get	ts mucl	n worse	€.	
0 totally disagree	1	2	3	4	5	6	7	8	9	10 totally agree
26.) Does	your p	ain int	erfere v	with yo	ur abili	ty to ba	athe yo	ourself?	•	
0 not at all	1	2	3	4	5	6	7	8	9	10 all the time
27.) Does	your p	ain int	erfere v	with yo	ur abili	ty to di	ress yo	urself?		
0 not at all	1	2	3	4	5	6	7	8	9	10 all the time
28.) Does	your p	ain int	erfere v	with yo	ur abili	ty to us	se the	bathroo	om?	
0 not at all	1	2	3	4	5	6	7	8	9	10 all the time
•				with yo hair, br		•	_		ersc	onal grooming (for
0 not at all	1	2	3	4	5	6	7	8	9	10 all the time

30.)	My ch	ronic	pain pre	events	me fro	m slee	ping m	ore tha	n two h	nou	rs a night.
	0 tally igree	1	2	3	4	5	6	7	8	9	10 totally agree
31.)	Does	your	pain aff	ect yo	ur self-	esteem	or self	f-worth	i?		
not	0 at all	1	2	3	4	5	6	7	8	9	10 all the time
32.)	Мур	oain is	worse t	than th	e pain	others	with m	y cond	ition ex	хре	rience.
	0 tally igree	1	2	3	4	5	6	7	8	9	10 totally agree
33.)	How	would	l you ra	ite you	r physi	cal acti	vity?				
limita	0 ificant ation ir activiti	1	2	3	4	5	6	7	8		10 can perform rigorous activities vithout limitation
34.)	How	would	l you ra	ite you	r overa	all ener	gy?				
	0 tally n out	1	2	3	4	5	6	7	8	9	10 most energy ever
35.)	Му	chronic	c pain p	orevent	ts me f	rom do	ing any	thing tl	hat I er	njoy	<b>'.</b>
	0 tally agree	1	2	3	4	5	6	7	8	9	10 totally agree
36.)	Hov	v would	d you r	ate you	ur strer	ngth an	d endu	rance •	TODAY	<b>/</b> ?	
stren	0 ry poo igth an lurance	nd	2	3	4	5	6	7	8	9	10 very high strength and endurance
37.)	Hov	v would	d you r	ate you	ur feelii	ngs of o	depress	sion <b>TC</b>	DAY?		
	0 lot essed	1	2	3	4	5	6	7	8	9	10 extremely depressed at all

38.)	How v	vould y	ou rate	e your 1	feelings	of an	xiety <b>T</b>	ODAY?			
	0 anxious all	1	2	3	4	5	6	7	8	9	10 extremely anxious
39.)			agine e very da	-	ncing a	nything	that h	urts m	ore tha	ın th	e chronic pain I
	0 stally sagree	1	2	3	4	5	6	7	8	9	10 totally agree
40.)	How r	nuch d	o you v	worry a	bout re	e-injuri	ng you	rself if	you are	e mo	re active?
not	0 at all	1	2	3	4	5	6	7	8	9	10 all the time
41.)	How s	afe do	you th	ink it is	for yo	u to ex	ercise?	)			
	0 : safe t all	1	2	3	4	5	6	7	8	9	10 extremely safe
42.)	Do yo	u have	proble	ms cor	ncentra	ting on	things	TODA	<b>Y</b> ?		
not	0 at all	1	2	3	4	5	6	7	8	9	10 all the time
43.)	Every	time o	ne of n	ny pain	proble	ms im	oroves	anothe	r one s	starts	s or gets worse.
	0 stally sagree	1	2	3	4	5	6	7	8	9	10 totally agree
44.)	How o	often de	o you f	eel ten	se?						
not	0 at all	1	2	3	4	5	6	7	8	9	10 all the time
45.)	Му ра	iin neve	er gets	better.							
	0 stally sagree	1	2	3	4	5	6	7	8	9	10 totally agree

46.) Please indicate your VA Service Connection status:
A) non-Service Connected B) non-Service Connected pension C) Service Connected
If you answered <b>C)</b> to question #46, <b>COMPLETE QUESTION #47</b> .
If you did <b>NOT</b> answer <b>C)</b> to question #46, <b>SKIP TO NEXT PAGE</b> .
47.) If you are Service Connected, what is your total percentage?
Percent
(PLEASE CONTINUE TO THE NEXT PAGE)

48.)	Do you have	e a disability cl	aim of <b>ANY</b>	type cur	rently	pendin	g?		
	A) yes	B) no							
49.)	example, Mo	rently using an orphine, Oxyco Buprenorphinol ol)?	done, Perco	cet, Hyd	rocodo	ne, Vic	odin, Ox	ycontin,	ol #3 or
	A) yes	B) no							
If yo	ou answered `	<b>YES</b> to question	on #49, <b>CON</b>	1PLETE	QUES	TIONS	S #50 &	#51 ON	LY.
If yo	ou answered I	NO to question	n #49 <b>, SKIF</b>	TO NE	XT PA	GE. —			<b>→</b>
 50.)	How long ha pain problen	ave you been u n?	using opioid	medicati	on <b>ON</b>	A DA	ILY BAS	<b>IS</b> for you	r
	Years	s	Months						
51.)	Please rate t	the degree of	pain relief yo	ou currer	ntly rec	eive fr	om these	e medicatio	ons:
no	0 1 o relief	2 3	4 5	6	7	8		10 ete relief	
	s	TOP HERE (If	you answer	ed <b>YES</b> 1	to que	stion #	49)		

<i>32.)</i>		<b>OF TIM</b> , Metha	I <b>E</b> (for Mo done, Buլ	orphine, Ox prenorphin	kycodon	e, Perc	cocet, F	lydroc	i <b>G ANY</b> codone, Vicod Igo, Fentanyl	-
	A) yes	B) n	0							
If yo	ou answere	d <b>YES</b> t	o questio	n #52, <b>PL</b>	EASE C	ONTII	NUE.			
If yo	ou answere	d <b>NO</b> to	question	#52, <b>STC</b>	OP HER	E.				
53.)	How long	has it b	een since	you last u	ised opio	oid me	dicatior	n <b>ON</b> A	A DAILY	
53.)	How long <b>BASIS</b> ?	has it b	een since	you last u	ısed opid	oid me	dication	n <b>ON</b> /	A DAILY	
53.)	BASIS?	has it b ars		you last u Months	·	oid me	dicatior	n <b>ON</b> /	A DAILY	
ŕ	BASIS?	ars		Months	·				<b>A DAILY</b> or your pain	
ŕ	How long problem?	ars		Months	ion <b>ON</b> <i>i</i>					
54.)	How long problem?	ars did you ars	use opioi	Months id medicati Months	ion <b>ON</b> <i>i</i>	A DAI	LY BAS	<b>SIS</b> fo	or your pain	
54.)	How long problem?	ars did you ars	use opioi	Months id medicati Months	ion <b>ON</b> <i>i</i>	A DAI	LY BAS	<b>SIS</b> fo	or your pain	